

SYPHILIS ELIMINATION ACTIVITIES RFP APPLICATION CHECKLIST

Legal Name of Applicant: _____

Instructions: This Checklist must be completed and submitted with the RFP application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

APPLICATION CONTENT

| | Included | N/A |
|--|----------|-------|
| A. Application for Financial Assistance is completed, and proper signature and date are included | _____ | _____ |
| B. Contact Person Information | _____ | _____ |
| C. Applicant Background is included | _____ | _____ |
| D. Applicant Experience is included | _____ | _____ |
| E. Assessment Narrative is included | _____ | _____ |
| F. Work Plan, including Collaboration Table Form, organizational chart and Performance Measures are included | _____ | _____ |
| G. Financial Information | | |
| 1. Multiple Funding Sources Form is included and letters of good standing are attached if required | _____ | _____ |
| 2. Budget: | | |
| ?? Categorical budget is included | _____ | _____ |
| ?? Budget Summary Form is included | _____ | _____ |
| ?? Personnel Form, job descriptions and resumes are included if applicable | _____ | _____ |
| ?? Justification for Request for Equipment purchases is Included, if applicable | _____ | _____ |
| ?? Equipment List is included, if applicable | _____ | _____ |
| ?? Copy of most recently approved Indirect Cost Rate Agreement is included, if applicable; OR | _____ | _____ |
| ?? Indirect Cost Budget Category Detail Form is included | _____ | _____ |
| E. Other Required Forms and Documentation | | |
| 1. Historically Underutilized Businesses (HUBs) | _____ | _____ |
| 3. Certification Regarding Lobbying | _____ | _____ |
| 4. Nonprofit Board of Directors and Executive Director Assurances Form is included | _____ | _____ |
| 5. TDH Assurances and Certifications Form is included | _____ | _____ |
| 6. Program Assurances and Requirements | _____ | _____ |
| a. Assurance of Compliance with the Requirements For AIDS-Related Materials is included | _____ | _____ |
| b. HIV Contractor Assurances is included | _____ | _____ |

SUBMISSION OF APPLICATION:

____ ORIGINAL AND SIX COPIES OF APPLICATION TO AUSTIN TDH:
____ ONE COPY TO REGIONAL STD STAFF